

Transcript

Benefits of My Health Record

Webinar, 23 August 2018

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Section 1 of 3 [00:00:00 - 00:21:04]

Mark Metherell: Good afternoon and welcome to the third in our webinar series on the My Health Record. This session focuses on the benefits of My Health Record, or MHR as we sometimes refer to it. It's great to have you online participants here and you can send through your questions or comments throughout the next hour. My name's Mark Metherell and I'm communications director for the Communications Director for the Consumers Health Forum. We appreciate having today four panelists, all of whom bring expertise from different perspectives. And I'd like to introduce them.

Mark Metherell: We have Dr. Amandeep Hansra, who's a GP, clinical reference lead with Australian Digital Health Agency, which is running the My Health Record, and a former CEO and medical director of Telstra's telemedicine business, ReadyCare.

Mark Metherell: We also have Russell McGowan, who's a long-time health consumer advocate. He's a bone marrow transplant survivor and an international society for quality and healthcare expert on patient perspective.

Mark Metherell: We also have adjunct associate professor Chris Pearce, a GP academic and president of the Australasian College of Health and Informatics and Dr. Chris Freeman who's a pharmacist and vice-president of the Pharmaceutical Society of Australia.

[00:01:30]

Mark Metherell: This series of six webinars has been designed and directed by the Consumers Health Forum and has been made possible with funds from the Australian Digital Health Agency.

Mark Metherell: As I mentioned, this session is to focus on the benefits of MHR. The potential of MHR to bring the power of digital technology to healthcare is, after all, why we now see, after several years of existence, the move to expand the reach of MHR to everybody unless they specifically opt out. So today we're asking our panel to discuss the benefits, including the prospect of more accurate and effective healthcare. In saying that, next week we will be discussing potential risks of the MHR.

Mark Metherell: So let's start by asking each of our panel members how they see the main benefits of MHR and I'll ask Amandeep first. What do you think?

[00:02:30]

Amandeep
Hansra:

Thank you for that introduction. So, in my perspective, and I guess, wearing a couple of different hats, being a representative from the digital health agency but also being a GP and seeing patients, I think the My Health Record allows for better-connected care. It is a repository of health information that the patient is able to control. And this allows for shared decision-making, so actually brings the consumer and the patient into the discussion when they are seeing their doctor or their GP, their specialist, or attending a hospital visit. And I think having this health information available in one place that anybody can access when they are delivering care to that particular person, allows for better outcomes across the health system. And it's, you know, the benefits of it in an emergency cannot be understated. I think, you know, when you [present 00:03:21] somewhere and you're unconscious or you're unable to communicate with a healthcare provider, being able to easily find out what medications someone's on, what allergies they might have, what chronic conditions they might have or who to contact in an emergency, are really key sort of benefits of having this digital folder of health information that each individual gets to control and to own. And, you know, this is just the beginning of it, and I think as it grows we'll see all sorts of other benefits that will come out of it.

[00:03:00]

[00:03:30]

Amandeep
Hansra:
[00:04:00]

I won't take over the whole stage, I'll let you ask around.

Mark Metherell:

Thank you, Amandeep. Russell, what's your perspective on it?

Russell
McGowan:

Well, 25 years ago, when I had my bone marrow transplant, there was a lack of connectedness between information about my healthcare which was in another jurisdiction to the one where I live. So information wasn't transmitted and as a result I had an adverse event. The whole benefit of My Health Record as I see it now is that we can share information much more easily. And I had a little episode of care about a month ago when I had a strange symptom that I wasn't too worried about but I tried to see my GP about it and he was away on leave. Saw somebody else who said, "Look, I think you might have had TIA, a transient ischaemic attack, and you'd better go straight to the [ED 00:04:53] and see if we can do some tests.

[00:04:30]

[00:05:00]
Russell
McGowan:

So I had a whole battery of tests, I spent most of the day in [ED 00:05:00]. At the end of the day, all of the tests were clear, which was great, but the records indicated that I needed some followup. So they sent information about the tests that I had and the initial symptom I had to all of the doctors that were involved in my care. That includes my, the GP that

[00:05:30] referred me, my normal GP, my hematologist, because it was possibly blood-related, and to a neurologist who obviously, in the past. So I've now got followup appointments with all of those people and they'll have all of the information from all of the tests there and we can talk about the possibility of my expressive dysphasia occurring again. That's a new word that I learned, [crosstalk 00:05:49].

Mark Metherell: [00:06:00] Chris Pearce, perhaps you can talk about, from the clinical point of view, how important is the sort of connection of information that Russell was just describing, having it in one place.

Chris Pearce: [00:06:30] Well, look, it's more than important, it's crucial. In all of my daily actions in the clinical world, I'm trying to chase information. I'm now up to four times in the last couple of months where I've had useful information that I've accessed through somebody's My Health Record that I and the patient, well, the patient hadn't told me, or had forgotten to tell me, and I didn't have access to it within my system. And I, just those four times, it's just raised up for me the whole point about how, you know, this should be patient-centered information, not hospital-centered and clinician-centered information. And until we get to that point, we're always gonna be making mistakes and having trouble.

[00:07:00] Mark Metherell: And Chris Freedman, from the pharmacists' point of view, in general terms, what would you see as the benefits?

Chris Freedman: [00:07:30] Thanks, Mark. I think it's interesting, you know, reflecting on what the broad benefits on this are and reflecting back on my practice as a pharmacist and in conversations with consumers, is that many of the consumers already thought that the pharmacy information was already connected to one another and I would have consumers who had been in to, say, a separate pharmacy in another state and thought that I could access their dispensing history from that other pharmacy. In fact, we can't do that. Not until the advent of the My Health Record could we see what the dispensing history was for an individual. So I think, broadly, it's interesting that consumers had a perception that we could already access some of that information. From a medication and from a pharmacy perspective, for a long time I think, particularly retail pharmacies or community pharmacies have been left in the dark with a respect to clinical information around a consumer's care. And when you're making decisions around not only prescription medicines but also medicines that you might be able to purchase over the counter or from a health foods shop, for example, where we've got consumers asking us about those. It's important to have the context of the patient's clinical care in that, so it really shines a light on helping to make decisions with consumers around their medicines.

[00:08:30]

Mark Metherell: Amandeep, one of the things you quite often hear, and I guess you've heard it, patients saying to the doctor, "Well, I had a test done at the hospital some time ago," or some other place, "Don't you already have that information?"

Amandeep Hansra: Yes.

Mark Metherell: People are so used to electronic information being available, [in their banks, to travel 00:08:50]. What do you say to them? I mean, is this something about the health professions being resistant or [how would you explain it 00:08:57]?

[00:09:00]

Amandeep Hansra: Yeah, you make a really interesting point and I think, Chris, when you talked about patients coming to a pharmacy and thinking that you already have that information, and Chris, you would see this in general practice, too. Patients assume that our whole system is connected. They assume, because I'm writing something in a computer and so did the doctor at the hospital and so did the pharmacist, that somehow that information's being exchanged. And, you know, they get quite shocked when I say to them, "I can't access that information. It's on a different system or I need to know exactly which pathology lab you went to 'cause I'll need to ring them." The problem for me is that I mostly work after-hours in general practice, and being able to access information from other providers is very challenging because most of the time everyone else is closed. And so I often have to bring patients back or I have to send them away and say, "Can you contact this person and get them to send me the information so next time when we have a visit we can have everything at hand and we can make decisions."

[00:09:30]

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Amandeep Hansra: I agree also with Chris in that I spend probably a quarter of my time in general practice chasing information. And we sort of, when you think about the medical sector, we are digitized in some ways in that general practitioners use clinical information systems, but that information sits in that general practice and doesn't go anywhere else. And if you think about that replicated across the whole country, how many repositories of information sit in silos and is not exchanged for the better outcomes for the patient? And that happens in hospitals, it happens in pharmacies, and I do think that the whole sector has a long way to go to start connecting that up. And this, to me, is the first step. We still have, you know, further to go, but this is the first step in getting some of that information connected and delivering better continuity of care for the patients. But good to hear that I'm not the only one experiencing that.

[00:10:30]

[00:11:00]

Mark Metherell: Russell, you're an early adopter and early user of the MHR, have you seen much in the way of advances in what it's able to offer since you signed on?

Russell
McGowan:
[00:11:30] Yes, basically the information that was available at the start was the Medicare records, Medicare benefit schedule, information about what interactions I'd had with the primary healthcare system, and the [PBS 00:11:37] records. And they were useful to have. So, and the PBS records, of course, show what's been dispensed on my behalf at [inaudible 00:11:45], as opposed to the GP's records, which are what's been prescribed and I'd have to say that people don't always fill prescriptions, sometimes for cost reasons and other times because they decided that I really need to take a drug at a particular time. And I think we need to have all of that information available. And we're getting to a stage now where we will be able to make those comparisons. And similarly, with the pathology reports, it's really important to know how they're trending. I have three blood tests as a result of my previous condition and I can spot when things are going wrong by monitoring that and therefore know when I need to go and see a medical practitioner, either a specialist like a hematologist, or my GP, to just reassure myself that I'm doing well. So these things are improving. There's still a way to go, but there is more information on the record now than there was six years ago when it started.

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[00:12:30]

Mark Metherell:
[00:13:00] Chris Pearce, we've got the perspective of somebody with a chronic condition. What are the benefits for, I guess, the majority of the people who don't have a chronic condition?

Chris Pearce: The benefits are just, again, in knowing what, when, and where. Even around this table, I could ask the people here, "When was your last tetanus shot?" And maybe you would know and maybe you wouldn't. And if you say, "Oh, it was two years ago," I can say, "Was it a tetanus toxoid, an ADT, or a [tripicel 00:13:26]?" 'cause there's three variations. And I bet you're all gonna go, even the doctors are gonna go, " No idea."

[00:13:30]
Chris Pearce: So there's a role, as you pointed out, for people who've got lots of chronic conditions and just trying to keep track of what's going on, but there's also now the memory of what's going on in the past. People, I have people that forget that they've had surgery. You know, "Oh, yes, that's right. Six years ago I went to the hospital and had the blah-blah-blah." So that in itself is also going to be very useful.

[00:14:00]
Mark Metherell: What about healthy young adults? People, are there positive things we can do with MHR that?

Chris Pearce: Look, I mean, in a lot of ways, I think one of the game-changers about this is the fact that patients are gonna have access to the information. So again, it gets down to if you've got, if you know what your kidney results were a couple of years ago, there's a whole thing these days, of course, about what's called self-monitoring, you know? If you are healthy, in the thing about doing running and so forth, monitoring all your runs, well you

[00:14:30]

can do all of that and be able to put all of that into the My HR and integrate it with the other sort of medical stuff and get a complete picture of your health.

Mark Metherell: And for the pharmacy, people of course see their pharmacist probably in most cases more often than their doctor, I would guess, 'cause people have ongoing prescriptions, etc. What are the sort of things that MHR can help with pharmacists in terms of their patients or the customers?
[00:15:00]

Chris Freedman: Sure. I think you're right, Mark, the data suggests that pharmacies are one of the most frequented health destinations for consumers and so the ability for the pharmacist to engage the consumer in their healthcare has great potential and it has, as I said previously, particularly community pharmacies have been left in the dark as it relates to people's clinical care. I think the important points to make here is that when, particularly when pharmacists are making decisions with consumers about medicines, one of the very important steps is to have some concept of what other medicines they're taking, but also what other conditions they have. And so, without access to that, that sort of lessons the potential for a positive outcome for consumers with taking medicine. So, you know, when people are making decisions around the patient, one of the dominant things that comes up is around what medicines are they taking and certainly my experience is that consumers are now seeking care from multiple providers, which may alter their medicines, so from specialists, their GPs, they might be seeing more than one GP, they may be going to more than one pharmacist to collect their medicine. So having that complete picture in the context of their healthcare is really important.
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[00:16:30]
Mark Metherell: Yes. I mean, that brings up the whole issue of coordination and integration of care, not only medication, but people with diabetes may have to see several different specialists. Do you see this, Amandeep, encouraging more coordinated care?

Amandeep Hansra: Yeah, look, absolutely. And I think medicine is shifting towards this concept of better integrated care. We have lots of people within the health ecosystem that impact what a patient's journey and experience and deliver care along the way. And, you know, everything from your allied healthcare professional to your pharmacist, to your GP, the specialist, the hospital. And as we have a population that is aging, that is having more complex chronic conditions, the more we're going to have to really focus on having this multidisciplinary approach to better care. And to be able to do that, everyone in the team that's looking after a patient needs to be able to access the same information. And we're not all co-located, I don't know, from a patient who has a chronic condition, how many different places you have to go and how many times you have to repeat your information and I think, you know, the ability to collaborate better by having access to that information is going to lead to better outcomes.
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Mark Metherell: And Russell, do you, has your experience been to seek more integrated care?

[00:18:00]

Russell McGowan: Yes, I think so. I mean, there is a dilemma that there's an overlay on the fact that your service is split many ways, and that is that you're not always in the best condition when you're seeking care, whether it's delirium or dementia or expressive dysphasia, as I have. You can't always express yourself and remember each individual detail that should be taking into account when you're seeing somebody. So being able to connect things digitally or virtually, information sources, is just essential if you're gonna get the best possible outcome.

[00:18:30]

Mark Metherell: Chris Pearce, do you think doctors as a rule are seeing all the benefits?

Chris Pearce: No. I think we're at the stage now where the really important stuff is starting to come online, and naturally the pathology and the radiology. It's, the system itself has been in place for some time, but all the [feeder 00:19:00] bits have taken a while. It's really only been in the last couple of years that I've had discharge summaries coming into my system. And in the local hospital I know we can't actually access the My HR at the moment. But as I said, in the last couple of months I've had four people, so it's started. And the more that happens, the more it's gonna feed into them.

[00:19:00]

Mark Metherell: Where did you say you can't access MHR, the local hospital at the moment, is that because there's been a breakdown or they've not rolled it out there yet?

[00:19:30]

Chris Pearce: No, no, no, there's a button and then it goes across the point and then it says "Oh, there's an error. I will now close." And I ring them up and I go, "There's still an error." And they go, "Yes, we'll fix it." So.

Mark Metherell: Do they say they'll fix [crosstalk 00:19:42]. It seems that the healthcare system is the only big area where faxes are still in common usage, is that right?

Chris Pearce: Well, yes, and it's interesting because in general, general practice within itself is completely electronic now.

Mark Metherell: Yes.

[00:20:00]

Chris Pearce: You know, we print letters, fax them to the specialist, the specialist faxes it back, we scan it into the record. It's nonsense. You know, we really need to move on from that sort of stuff.

Russell McGowan: And the security of that information, who's hanging around the fax machines.

Chris Pearce: The security, yeah, it's dreadful.

Russell McGowan: So the electronic transmission secureness, which the [meter 00:20:21] and the ADHA have brought in, it's clearly an important safeguard, security [crosstalk 00:20:29].

[00:20:30]
Mark Metherell: How much do you think the My Health Record will change healthcare, say, in five to ten years? Do you have a sense that, are we on the edge of a revolution or is it going to be a sort of a more incremental type of process?

Amandeep Hansra: [00:21:00] I think that My Health Record's value will come from when there's information being deposited in there. So that takes people actually taking initiative to put information, so I think-

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Section 2 of 3 [00:21:00 - 00:42:04]

Amandeep Hansra: People actually taking initiative to put information. I think it's important to remember that when you get the My Health Record you don't suddenly have all of your years of historical information on there. It is sort of like a folder that you start accumulating information.

Amandeep Hansra: [00:21:30] As that information accumulates and as the system starts to see the benefits in viewing the My Health Record, and this is more from the provider end, the more they go on there and see there's information there, the more likely they are to view it in further situations and also upload information.

Amandeep Hansra: [00:22:00] It's almost like we need to get that mass adoption and then we reach the tipping point where everybody starts to see the value, both from the consumer side and the healthcare provider side. I think once we start having it as part of our normal clinical workflows, once we have patients using it to empower themselves, we will really start to see this revolution of I think improved transparency across the system.

Amandeep Hansra: [00:22:30] I think the other point to note is that doctors, as I mentioned before, do work in silos. They're starting to share their information, starting to get feedback from colleagues, starting to work more collaboratively. It will improve outcomes. I think this is going to happen in pharmacy as well where you can actually see there's a discrepancy between what's been dispensed and to who and what was actually prescribed and who is actually taking it.

Amandeep Hansra: All of these things will start to come to light. I think a lot of what's going on is we're kind of putting the lights on to a system that's sort of still stuck in

the dark ages. That's what will start the revolution. Not necessarily just having the platform but it's improving that transparency.

Mark Metherell: [00:23:00] You talk about putting the lights on and of course one of the longer term benefits that are hoped to come from My Health Record will be the fact that there's availability of a lot of health data, not only what you've received from Medicare but how the treatment may have progressed. Do you see this in the so-called meta data that's going to become available as a big long-term potential benefit to the way population health can be improved?

[00:23:30]
Amandeep Hansra: Yeah. Look, I think when you start things like this you always look forward and say, "Well, where could this go? What could we do with this one day?" I think we're still trying to work out ... There's lots of issues to work through in terms of privacy around that data and how people feel about that being used.

Amandeep Hansra: [00:24:00] You've seen all the things around Facebook and social media platforms. People are more willing to share but they're also more aware of what happens to their data. I think we need to navigate that, have all the right regulations in place.

Amandeep Hansra: I do see that collectively once we've worked through that and people are happy to share and we've worked out how to share that in a de-identified way, we will see benefits from being able to have access to that.

Mark Metherell: Chris Pierce, do you see that too? Do you see that we will be able to get more out of the meta data that would become available?

[00:24:30]
Chris Pearce: Yeah. Look, I think the issue here at the moment ... In many ways we're just exchanging documents that still have to have eyes to read them. When we get to the stage where we're starting to transfer what we call atomic data, stuff that we can actually play with in a computing sense, I think there's going to be an awful lot of openings.

Chris Pearce: [00:25:00] The sort of thing if you've got a chronic disease like diabetes but you're getting all your information through the My HR downloaded onto the app and the app is actually thinking about what's going on and helping you to predict what's going to happen, I think that's going to be a game-changer.

Chris Pearce: I'm actually a bit more along the line of I think in the five to 10 years this is actually going to revolutionize because we're actually going to be helped in what we do rather than just stored and forwarded.

Mark Metherell: That atomic change you're talking about that's technically feasible and being done right now?

[00:25:30]

Chris Pearce: Yeah. That's technically feasible. We do it in other environments all the time. It's a big change for your hospital system, for instance, to start to transfer that. There's some behind the scenes work that needs to be done.

Chris Pearce: By atomic what I mean is the blood sugar comes and the computer knows that it's a blood sugar and that's the blood sugar level and that's what it can do with it. That's what I mean by that.

Mark Metherell: Sure. Sure.

[00:26:00]

Russell McGowan: Also, it can plot what happens to your system at the time because it's collected the data in such a way that it can then be manipulated and give you a trend.

Chris Pearce: A trend. Yup.

Russell McGowan: Which both you and your doctor need to then think about, whether it's a positive trend or a negative trend.

Chris Pearce: Yeah. Correct.

Amandeep Hansra: I was going to say, even with a trend it's being able to identify before that trend is even occurring. In the future when we think about machine learning and artificial intelligence, not that I think we're anywhere near that with the My Health Record, but just in terms of having data available I think does help. In the future being able to individually benefit people, not just on a population level but being able to tell me, predicting, when I'm going to get sick. I think that's the future.

[00:26:30]

Mark Metherell: This is going to bring pharmacists much more directly into play one would think. There is this tension between the pharmacists and the medical profession in terms of where the two occupational territories start and finish.

[00:27:00]

Mark Metherell: Nonetheless, this availability of information, Chris Freeman, do you think this will bring pharmacists into a more active role?

Chris Freedman: I absolutely think so. I think those tensions tend to be played out more in the media than they are at the grassroots level. Certainly ...

Mark Metherell: Oh, that's reassuring.

Chris Freedman: The GPs that I work with value the input that I provide for the patient care. That would be the first point.

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Chris Freedman: I think the other thing is that there are more services being made available in community pharmacies. It's important that the pharmacist is able to contribute to the record as well. For example, I had a patient just recently who came in for an anti-inflammatory type medicine.

Chris Freedman: To be able to go into the electronic health record, see if their kidney function was okay, if they could tolerate that, but also then to alert the GP or their other health providers that a consultation had occurred I think is really important. Then when that other health provider is providing care for that person that they can view what's happened in those other locations.
[00:28:00]

Chris Freedman: I think where this will have gains for consumers is not only just their prescription medicines but the over-the-counter medicines that they take, some of the complimentary and alternative medicines. It provides us with an opportunity to actually look at their medicine profile as a whole.

Mark Metherell: Yeah. Well, listening to Chris Freeman, Chris Pierce, you could be excused for thinking maybe the My Health Record digital health technology may ... Well, one of the upsides could be to bring the various health professions closer together because they're relying on the same sort of database, which all can see at the same time. Or is this too [crosstalk 00:28:47]
[00:28:30]

Chris Pearce: No. I think because one of the important things to be able to do what we need to do for My Health Record is standards. Standardized data. Realistically, 10 years ago in Chris Freeman's system the drugs were described completely differently between my system and differently again in the hospital system.
[00:29:00]

Chris Pearce: To be able to share the information we've had to harmonize all that over the last few years. That's one of the reasons why in fact medication is an obvious area that's been worked on over time. It's now a lot better. Chris, you'd agree?

Chris Freedman: Absolutely.

Chris Pearce: Yeah. A lot better in the last few years so we can now do a lot more of that.

[00:29:30]
Russell McGowan: From a consumer point of view what still needs to come is electronic prescribing so that there's not problems in reading doctor's handwriting. Not that that would be a problem with you.

Chris Pearce: Yeah.

Russell McGowan: Also, when you travel quite a bit, as I do, you sometimes forget to bring your drugs with you or you don't have a prescription and it runs out. To be able to go into a pharmacy and have that access to all of the electronic

[00:30:00] prescription from an authorized person just makes life much more convenient and makes it much easier for a consumer to adhere to a drug regime that the doctor has recommended for them.

Mark Metherell: Amandeep, you've also I believe had some experience with telehealth.

Amandeep
Hansra: Mm-hmm (affirmative)

Mark Metherell: How is that ... That seems to have had a rather slow rollout in Australia given when you consider the potential of so many people living some distance from medical clinics and the like. How are you seeing that going?
[00:30:30]

Amandeep
Hansra: I mean, I've been in the telehealth space for probably a decade now. It feels like to me it's a very old concept and technology. You're right. I think from a technology perspective we've certainly got everything that enables that model of care.

Amandeep
Hansra: I think some of the sticking points we've had are around funding models. We've got the MBS is currently being reviewed. I think we've been relying on quite an old system in terms of how we get or how clinicians get remunerated for their time.
[00:31:00]

Amandeep
Hansra: I think that review will obviously update that. I think that the funding model and I think also just having telehealth integrated better into clinical workflows has also been a bit of a challenge. Any kind of change I think takes time. I definitely feel that the conversations I'm having now with people around telehealth is not what it is. It's how can we integrate it or how can we deliver it? It's definitely moved on but I think we've still got a little while to go with that one as well.
[00:31:30]

Mark Metherell: I understand that ADHA is already doing testing what the MHR [inaudible 00:31:47] and reducing, say, adverse drug reactions. Now you may not have been directly involved but I wondered if you've got any perspectives on the likely outcomes of those studies.

[00:32:00]
Amandeep
Hansra: Yeah. I think it's important when you invest significantly in something like this. We know there's been a significant investment from the federal government in the digital health agencies My Health Record project. We have to demonstrate a return on that investment, show the outcomes, the benefits of it.

Amandeep
Hansra: There's a lot of work going on behind the scenes in terms of measuring some of those benefits. One of those projects that's going on are these test bed projects that we have. 15 different across the country. These are projects that are done in collaboration with existing healthcare providers, primary health networks, universities, hospitals, even some startups in the health technology space. Bringing them together to actually demonstrate
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the benefit of the My Health Record in their particular area or with their particular perspective. Everything from in primary care to hospitals to covering vulnerable groups. We've got one that's looking at prison populations and how when they're discharged how do you continue that continuity of care? By making sure that there's good transfer of information back into the community.

Amandeep
Hansra:

We've got ones in medication safety. How do you make sure that community pharmacists know what medications patients are on post-discharge and maintain and update those?

[00:33:30]

Amandeep
Hansra:

It's across the board. We've got some indigenous healthcare as well. Really, looking at all the different use cases across the sector and measuring some of those benefits. Those test beds will go from between one to four years and then we'll be able to have some real demonstrated measurable both qualitative and quantitative outcomes that we can share.

Mark Metherell:

Are there any early indicators as to what's good and what's wrong?

[00:34:00]

Amandeep
Hansra:

There's been some early research conducted. As I mentioned before, the value of the record really comes when you start having a lot of that data put in. What we're looking at at the moment is a lot of process indicators. Measuring how much is being uploaded and how much is being viewed, seeing the information flows.

Amandeep
Hansra:

If you start to understand how that information is flowing then you know what you can measure. Definitely there has been some early studies done looking at qualitative and quantitative outcomes but not on a national scale and I think that's where we need to go.

[00:34:30]

Amandeep
Hansra:

You know, there's been no surprises saying, "Oh, wow. We didn't expect any of these ..." There was nothing negative that's come out of that. I think it's just getting to a point where we've got statistically significant positive benefits that we can share.

Mark Metherell:

It's seeing positives rather than negatives?

Amandeep
Hansra:

Yeah. Absolutely.

[00:35:00]

Mark Metherell:

That's great. Chris Pierce, how do you see, say, in five years time, the relationship, say, of the general practitioner and the patient being changed? Will the GPs be spending more or less time with patients? Will the GP be able to reach a course of treatment quicker? Whatever. Do you have a sense of this?

Chris Pearce: [00:35:30] Yeah. Look, I think it won't be less time and it won't necessarily be more time. It'll just be better quality time. Okay? Again, just because you spend a lot of time chasing information, ringing hospitals, ringing pathology, and so forth. I think it's just going to make it a lot easier to come to the sort of mutual understanding of what's going on and what the plan is going to be.

Chris Pearce: [00:36:00] Also, there's going to be a lot more reassurance because the patients get the information. I'm going to order the tests, your cholesterol you'll be able to look at it. You can see the thing. Actually, that's one of the things that will I think speed it up because you can set some parameters where it says the cholesterol is 5.5. That's going to be normal. Have a look. You don't need to come back and see me. You don't need to walk in for me to go, "It's normal. Good. Off you go."

Mark Metherell: Yeah. Yeah.

Chris Pearce: A whole pile of things like that.

[00:36:30]

Mark Metherell: Russell, what's been your experience? Do you think you've got more control of your healthcare?

Russell McGowan: Well, I've chosen to take control of my healthcare. You might remember that this My Health Record was originally called the Personally Controlled Electronic Health Record.

Mark Metherell: Indeed.

Russell McGowan: The whole reason for it was to allow us to engage as equals with the clinicians in decisions about the most effective care for our condition. I've got a number of things looking forward that I would like to see in the My Health Record as it evolves.

[00:37:00]

Russell McGowan: One of them is to capture the patient experience of an episode or of an illness so that that can also be taken into account, which helps to measure the effectiveness of the treatment that they've been undergoing.

Russell McGowan: The other is outcomes of treatments, particularly if they're surgical interventions or whatever. Not everybody gets a good outcome. Having that information in there and having all of your practitioners [inaudible 00:37:27] is important.

[00:37:30]

Russell McGowan: Also, not always necessarily having to see your doctor. Doctors are great at diagnosing. They're great at certain aspects of managing my health but sometimes I need a physiotherapist. Sometimes I need advice from a

pharmacist. Sometimes I need dieticians' advice. If I'm a diabetic I might need a community nurse to help me with my blood monitoring.

Russell
McGowan:
[00:38:00]

All of those things need to then be shared with my GP and my other specialist doctors and I see them being built in over time. I think a generally accepted health initiative takes about 17 years to invent with various ... On average. We're only six years into this but maybe in 10 or 11 years time it will be much more functional and we'll be much happier about sharing information and the benefits that brought to us as the result of that.

[00:38:30]
Mark Metherell:

Right. Is there an argument for the notes or the records that will be available under the My Health Record for some sort of note as to why a test or investigation was not ordered, do you think, Amandeep?

Amandeep
Hansra:
[00:39:00]

I guess when a doctor chooses to upload an event summary that document can have an explanation for what they did in that consultation, why they chose a certain treatment path. I think in the document there will be available that information.

Amandeep
Hansra:
[00:39:30]

Certainly doctors are good at taking notes. We do a lot of that. I think there will be ... It's not going to change the way that we practice medicine in that how we decide what tests to order. We may understand that there will be a lot of other people viewing that information so it may be more ... I guess written in a language that might make more sense for some other people who are viewing it who may not also be GPs or specialists.

Amandeep
Hansra:

I think that information is already out there. I think it will just be better shared and better communicated.

Mark Metherell:

Yeah. Yeah. Would that be your impression, Chris Freeman?

Chris Freedman:
[00:40:00]

Yeah. One of the other things that are available to consumers through their pharmacy or pharmacist is a home medicine review. This is a process which the pharmacist typically goes out to the consumer's home and does a comprehensive review for their medicines and then writes a letter and communicates with the GP. Thereafter, with some recommendations on how things might be improved.

Chris Freedman:
[00:40:30]

In recent memory, where the record or having access to additional information becomes really handy is where for a given condition someone might have open to them a variety of different treatment options with medicines. A clinician or a specialist or a GP might have chosen not to initiate a particular medicine for a particular reason.

Chris Freedman:

Having that on hand when you're making decision around someone's medicine becomes vitally important so that you're not duplicating that care

with respect to making a decision around whether someone should be on a medicine or not.

Mark Metherell: Chris Pierce, do you think the MHR is going to promote or stifle innovation? You mentioned apps before. Do you think we're likely to see more of these being made more used or accessible as a result of MHR?
[00:41:00]

Chris Pearce: All of the above. Used, abused, and accessible.

Mark Metherell: Right.

Chris Pearce: I think it is going to be a platform for innovation because unless ... Looking at it from my perspective, we're going to drown in data in this. There's going to be an awful lot of stuff flowing in. We're going to have to spend the time and the effort to try and make sense of that in some way, shape, or form. That's where the innovation is going to come in.
[00:41:30]

Mark Metherell: Yeah. Yeah. The data flood. I mean, you could imagine a GP looking at a patient's file. I presume it's presented in reverse chronology. Is it so the doctor is looking at the most recent episodes? You can imagine with a patient with some complicated chronic illness it might become all a bit of an overwhelming picture that appears on the screen. Is that right?

[00:42:00]

Chris Pearce: Yeah. Well, if you've got a ...

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Chris Pearce: If you've got a complex chronic illness that's unstable, you could be having weekly blood test. So that's 52 blood tests in that year, and that's ... A blood test could have 45 items. So my point is, it's good, but we're gonna have to think about how we organize and sort all that and that's where a lot of the innovation's gonna come in.

[00:42:30]

Mark Metherell: I think I can feel an algorithm coming on.

Chris Pearce: Advanced decision support.

Mark Metherell: Is that the future of the [inaudible 00:42:39], would have to be an algorithm driven healthcare or-

Amandeep Hansra: Look, I think the test beds have been really interesting for exactly Chris's point. I've played in that sort of digital health innovation space for some time, and what I notice is there's lots of really great ideas and things being developed in small areas. So, you might find somebody developing something in a rural part of Tasmania, but how do you scale that, how do
[00:43:00]

you make it accessible for everybody across the country and really demonstrate the benefits.

Amandeep Hansra: And I think what the My Health Record allows is that, for those people who are innovating in small pockets, we find a way to utilize or interface with the record that all of a sudden, it makes that innovation much more accessible and scalable across the different groups. But just going back to Russel's point about the patient reported experience measures, so one of the test beds projects is around what they call prams and proms for oncology, cancer patients. So again, that is really testing what kind of innovative ways can you utilize this record. Cause I don't think the innovations ... We shouldn't rely on government to do the whole thing, that's ... They do the basics and then it's up to industry. And whether that's patient led innovation, whether it's led by clinicians or technologists or engineers, that's where the value starts to come, as to you've given them this central point to use, to try and deliver the benefits of their innovation.

[00:43:30]

[00:44:00]

Mark Metherell: Russel, the future of technological change in health care, do you see ... What's your sense about the future for apps and the digital health?

[00:44:30]
Russell McGowan: Well I ... I think there is a future in health literacy amongst the consumer community. So if we know more about what tests and interventions can do for us, we're less likely to pester our GP's for inappropriate tests and services. And we already know that 20 or 30 percent of health care expenditure is unnecessary, they're interventions that are done to assuage patient anxiety or whatever. And what we can do with electronic system is give information to people about why they don't need a test as well as why they do. And we could hotlink that trough the patient and record it if we were smart enough. That would lead to better use of scarce resources in the health care servicing business.

[00:45:00]

Mark Metherell: [00:45:30] Would you agree with that [inaudible 00:45:23] that having more information, say a better insight on say knee surgery, that the doctor can immediately present to the patient, would that make a difference in terms of-

Chris Pearce: Yeah.

Mark Metherell: Outcomes?

Chris Pearce: Yeah, it does. Because the more the patient is informed about what's going on, the better it is. That's almost a motherhood statement, that we actually don't do very well. The more background information you understand, then the more we can tailor the information to you and your specific circumstance. At the moment we have national guidelines and national directives and they often fall down when you get down to the edge cases and specific circumstances.

[00:46:00]

Mark Metherell: Do you think that public at large has been given enough information about the benefits to them of better, sharper information about their healthcare that's available through MHR?

[00:46:30]

Chris Pearce: Look, I think there's a ... Well I think ... Most of the people I've talked to over the years, when you explain the general principle they get it. They ... If you got a chronic disease, if you're caring for elderly parents, all of that sort of ... They instantly get it. I think that the gap here at the moment is that My HR is the vehicle to do that. I don't think anyone actually argues that better sharing of information and all that is actually not what we want. But I think, and this is why we're having this session I suppose, is to actually get through around that My Health Record is the vehicle to do that.

[00:47:00]

Russell McGowan: So I can give an example, we haven't mentioned children yet, young children. And having a good vaccination record for children Cause some vaccinations are discretionary now, not everyone will have them ... And also having a monitoring of adverse reactions to medication which manifest in children sometimes. And in the frequency of episodes of [inaudible 00:47:27] like tonsillitis, which might lead to the decision to have a tonsillectomy or not. And again, lot of parents want the intervention because they see the child in distress, but it might well be something that with appropriate treatment can be done ... You can do without it. So I've just had a granddaughter who's had her tonsils hurt and she had frequent episodes in accordance with the guidelines, it was appropriate to take them out. When all of my children were growing up however, we already knew that taking tonsils out in children wasn't a good thing and two out of the three out of them had tonsillitis problems, but they didn't have their tonsils out until they were adults and they still had reasonably healthy upbringing.

[00:47:30]

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Amandeep Hansra: I was just gonna make a comment on that. I think the real patient group or consumer group that are gonna benefit from this ... Yes, we talk about chronic disease and complex illnesses, but it's the children being born now who are going to have this longer [inaudible 00:48:30] record of their health and exactly what you were saying ... The number of times I'm chasing immunizations for children and adverse drug reactions, we have over 200 000 admissions every year for adverse drug events. If we could reduce that just by having things on record and share that information, that would be a massive benefit for the system. So I do think that the people who are really gonna see the benefits are those children being born today with a My Health Record.

[00:48:30]

[00:49:00]

Mark Metherell: Well on that very issue, we've had one of our comments that we've had coming is from Gary, who talks about the importance of having medication

[00:49:30] information in emergencies, especially with an unconscious patients who have no immediate relatives at hand to say what medications they have been on and Gary makes that point that just recently a coworker of his collapsed and nobody in the office knew what sort of information they needed to find out about that. So, that is obviously a plus of the MHR we would hope.

Chris Pearce: Absolutely. Just goes back to the point, you're chasing information. And it's not ... It's the unconscious patient, it's the patient who says, 'I'm taking the little white tablets doctor.' Or, 'This comes in three strengths, which strength are you taking?' 'I don't know.' All of that data, all the time.

[00:50:00]
Mark Metherell: You said in the past Chris [inaudible 00:50:04] that one of the major challenges is the lack of a clear structure devoted to clinical safety. Do you think that's changed recently? Is the MHR going to help this?

Chris Pearce: Yes I think it is changing and I think the MHR is helping. Clinical safety in the past has been quite localized and focused, an individual practice can control its clinical safety, hospital and so forth. One of the challenges of making sure that health care is safe now is the fact that it now occurs in a very distributed environment. And I think the My Health Record is driving a lot of thought and change in that regard.

[00:50:30]

Mark Metherell: When you say distributed environment, what do you mean?

Chris Pearce: Well I mean, in the fact that the information isn't being held by a single place, it's now available in all of the places. So we have to learn how to interpret and trust the safety of the place that it's coming from and so forth.

[00:51:00]

Mark Metherell: Indeed. Chris Freeman, the importance of accuracy of course is vital with medication. Do you see the MHR having a very significant impact in terms of dispensing of correct drugs, that sort of thing?

Chris Freedman: Look I absolutely think so and I think, reflecting on some of the comments that we've had here previously, is particularly around those times where a patient is transitioning in care. So when they have been say in hospital and they've come back at to their place of residence, those are really risky times for a person and the risk of being readmitted back into hospital. And we know that 230 000 admissions into hospital each year at least are due to someones medicines, and at least half of those are preventable. And so having the ability for the health care team to have access to accurate information around someones medicines will I think significantly reduce those admissions in the hospital. We get to see that with the Electronic health record, but there is some work being done on that. But what also is important in the context of the medicines is the consumers ability to contribute to that record in terms of the other medicines they might be

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[00:52:00]

taking. Particularly those ones that they get over the counter, that they might get at the supermarket, those complementary and alternative type medicines. They too also may interact with other medicines or have disagreements I suppose with their other medical conditions. So, the accuracy is hugely important.

[00:52:30]

Mark Metherell: Russell, do you think the average consumer is aware of the benefits of MHR?

Russell
McGowan:

[00:53:00]

Not yet. So it's a part of a program of health literacy which needs to go on, that's raising people's awareness of what can benefit them and also their awareness of what interventions may be unnecessary. And I know that Australian Commission for Safety and Quality in Health Care is focusing on that, it has standards for hospitals. But they need to permeate the whole health system for this to really work. More than a decade ago, there was a research ... A large population survey that indicated about 25 percent of consumers are active, positive and informed consumers, people who really want to take a role in the health care, they're positive about the outcomes [inaudible 00:53:28], and they're informed about the choices. I'd like to see that increase to 75 percent, and at the moment [inaudible 00:53:36].

[00:53:30]

Mark Metherell: [inaudible 00:53:36], do you think 75 percent of the medical professional profession is sufficiently well informed on the MHR?

Amandeep
Hansra:
[00:54:00]

I'm gonna say probably not. I think we still have a lot of work to be done on both sides of the playing field. I think that medical professionals definitely need to be armed with more information. Many of them have been hearing about this for so long, but I think now it's actually come, it's ... For them to actually understand more of the detail of what it involves and their patients and what consumers will be asking from them. But I think there is ... It's really important that if patients and consumers understand and know what they want and they know what they have in terms of access to that information that they ask their doctor. They go and sit with their GP and say, 'I know that there's a My Health Record. I know I have one. Can you please put this information up there for me?' And I'd like to see it driven more by doctors, but I think if we all drive it together, we'll get that sort of mass adoption that we need.

[00:54:30]

Mark Metherell:
[00:55:00]

Chris Pearce, do you think that there are enough incentives for say particularly GP's ... [inaudible 00:54:58] just spoke about sitting with the doctor to work out the MHR requirements, that's time. And many GP's of course would feel [inaudible 00:55:13] at the moment their time isn't very well recompensed by ... Under Medicare at least. Is there a need for more incentives for the professional to get on board?

[00:55:30]

Chris Pearce: I'd actually take it to a different level and say that there's a need to actually rethink Medicare and how it funds health care in general. We are tied to this face to face interaction, and I could be much more efficient if I was allowed to have electronic communication to my patients. Or if we had a suite of means by which we could do this rather than have to have face to face consultation, that would actually break the nexus that we've currently got. So, I mean I ... [inaudible 00:56:06] should be funded more for the time I spend to do the My Health Record stuff, except the data in my record should actually be good enough that it just goes. But there's a whole piece around where we're gonna be in five years time that we're just gonna be held back by the funding mechanisms unless we do something.

[00:56:30]

Mark Metherell: Or is it possible that the strength of technological change will drag people away from a Medicare based system? You already hear often now of doctors dealing directly with patients through email or whatever, for which they of course they got charged.

Chris Pearce: Well except that the whole principle of Medicare is that's it's a universal system-

Mark Metherell: Indeed.

Chris Pearce: And there are certainly patients with whom I email and some of them I might charge, but they're the ones who have the resources to do that. It doesn't help my homeless man with whom ... He needs a My Health Record and it benefits him because of ... But if we're gonna decide that this is part of the how we deliver health care in general, then it's gonna be part of the universal health care system and it's gotta be funded that way. Otherwise, we'll end with two tiers.

Mark Metherell: Well, many people argue we're getting two tiers now. What's your sense of this, Chris Freeman? Do you think that the technological change is pushing us inevitably towards a different sort of health funding system?

Chris Pearce: Well, I think I do, and I think it will be incremental to start with until the benefits are genuinely realized by the population as a whole. We do need to consider how health professionals are recompensed for their engagement when the patient's not physically sitting in front of them. So that might be over the telephone, through Telehealth and currently we don't have the funding framework to support that. And I think until we have that fundamental change, it's gonna make it hard to have this genuinely embedded into health care. So having a funding framework which looks at the outcomes of patient's health would be I think a positive step forward rather than just the physical connection by having a meeting face to face.

[00:58:30]

Mark Metherell:

Right. There's been some recent changes to the legislation for the My Health Record on privacy and security. Do you think that's going to be the end of it? Will it need to be more changes down the track, do you think [inaudible 00:58:46]?

Amandeep
Hansra:
[00:59:00]

Look I think for what we need to know now, what people are concerned about now, I think we have addressed that. At the moment, if a court orders me to give them information, I get subpoenaed, I have to present from my clinical information system in my general practice, it's exactly the same with the My Health Record. You only can give that information to a law enforcement agent if you have that court order. So, for me, it feels like, well this isn't really any different to what the current system is. So I think it addresses people's concerns in that respect. I think there will be other things down the track when we talk about some of the things you mentioned before around looking at information for population health outcomes, and I think we'll address that, but I think at the moment the focus is really on individual benefits and individual users and how it improves their journey and how it addresses their concerns in the current state.

[00:59:30]

Mark Metherell: Thank you. On this ... Any of our panelists have a final-

[01:00:00]

Russell
McGowan: Just ... My Health Record will assist in delivering [inaudible 01:00:02] health care, which is what it should be about. So clinicians will want to use it if they want the best outcomes for their patients and if they want their patients to be partners in their own health care.

Mark Metherell: Thanks Russell. Any other final comments?

Chris Pearce: What he said.

Amandeep
Hansra: Well I think he made a really good point.

Mark Metherell:
[01:00:30] Well on that unanimous conclusion, we will call an end to this session, and thank you for joining us. Next week we are having a focus on the risks of the My Health Record, so we look forward to your company then if you can, and I'd like to thank Russel, [inaudible 01:00:41], Chris Freeman and Chris Pearce for their very valuable advice today. Thank you.

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